

Case Number:	CM13-0024907		
Date Assigned:	11/20/2013	Date of Injury:	08/03/2009
Decision Date:	01/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 28-year-old male who reported injury on 08/03/2009, with a mechanism of injury being repetitive carrying of a gun belt and equipment. The patient was noted to have had a posterior L5-S1 fusion, L5 laminectomy and instrumentation at 1 level and auto graft on 07/14/2011. The diagnoses were not provided. The requested was made for TENS electrodes quantity 24 and TENS batteries quantity 18.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS electrodes QTY: 24.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: California MTUS Guidelines indicate that extended treatments with a TENS unit is based on the treating physician documenting functional improvement. The clinical documentation submitted for review failed to provide that documentation. Additionally, it failed

to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above and the lack of documentation, the request for TENS electrodes quantity 24 is not medically necessary.

TENS batteries QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-115.

Decision rationale: California MTUS Guidelines indicate that extended treatments with a TENS unit is based on the treating physician documenting functional improvement. The clinical documentation submitted for review failed to provide that documentation. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above and the lack of documentation, the request for TENS batteries quantity 18 is not medically necessary.